

A. B. 1763 (Craig), originally relating to county free libraries, on May 5 amended to become an amendment to the Political Code, relating to the salary of the Superior Judge of Alpine County.

A. B. 1851 (Craig), originally relating to the compensation of township officers, amended May 5 to provide for sale of property of the California Polytechnic School.

S. B. 634 (Cassidy), originally amending Sections 1, 2, 3, and 4 of the Medical Practice Act, became a bill creating a Bureau of Tuberculosis under administration of several salaried individuals.

MEDICO-LEGAL

DEFINITION OF "HERBS"

In these days when cultist medicine so often crosses the stage, clothed in costume most peculiar and with speech, even more so, one not infrequently meets that particular type whose disciples accentuate the virtues of "herbs."

From the medico-legal standpoint a definition of herbs is not a simple matter. Particularly so, the limitations of "harmless herbs" which have been paraded before juries almost times without end.

A recent opinion which has been called to our attention, and which is notable because of its clarity, was one which was written by Chauncey D. Leake, Ph. D., professor of pharmacology at the University of California. It is here printed because it could be a useful reference in medico-legal medicine.

Chapter 1875 of the Code of Civil Procedure of California provides:

"Courts take judicial notice of the following facts:

"(8) In all these cases the Court may resort for its aid to appropriate books or documents of reference."

In re: Definition of "Herb"

A definition of "herb" used in a semitechnical sense, as may be found by reference to any standard dictionary is, "a plant of economic value, specifically one used for medicinal purposes." Very many hundreds of plants are well known to have medicinal value, and all those reputed either by folklore, tradition, or hearsay, in every land on earth, to have any medicinal value, have at some time or other been subjected to careful scientific study in order to evaluate accordingly their possible usefulness in medicine. Plants contain many diverse materials: cellulose, gum, wax, salts, tannin, coloring matter, and very frequently varying amounts of chemical agents known as "active principles" which generally are either alkaloids or glucosides. The possible usefulness of any plant for medicinal purposes depends upon the "active principles" which it contains. Most of these "active principles," such as alkaloids, atropin, morphin, cocain, caffeine, and ephedrin, or the glucosides, such as are found in digitalis, are extremely poisonous and extremely dangerous if not used in exact and careful dosage. Since the amount of such "active principles" found in any one plant may vary considerably, depending upon the soil and climatic conditions in which the plant is grown, it is necessary that the "active principles" contained in any such herbs be carefully standardized in order to be able to use them in uniform strength or potency. It is generally necessary to remove impurities and poisonous materials of various sorts from herbs in order to secure the "active principles" in a satisfactory form for proper medicinal use. There is no such thing as a "pure harmless herb" that may have medicinal value. If it has any medicinal value at all, it is certain to be dangerous if used without exact knowledge of its strength or potency as determined experimentally so that the dosage may be a safe one. The majority of plants probably contain no "active principles." They, therefore, have no effect whatsoever upon the living human body; they are, therefore, without any medicinal value and only then can be considered harmless. A really harmless herb, containing no "active principles," and therefore having no medicinal value, would certainly be fraudulently employed if offered for use in the treatment of disease. It might be pertinent to indicate that the "active principles" of medicinally useful herbs are determined by expert chemists and not at all by physicians. Physicians must rely upon the experimental evidence obtained by chemists, pharmacists, and biologists for the applications to be made of any herb in medicine.

DEPARTMENT OF PUBLIC HEALTH

By GILES S. PORTER, M. D., Director

Septic Sore Throat.*—So far, only one epidemic of septic sore throat has been noted in California, that of Pleasanton in 1926. Recently, the occurrence of a small group of cases in southern California, with the identification of human carriers of the *Streptococcus epidemicus*, caused the State Board of Public Health to make the disease reportable, in order that more complete information of its prevalence may be obtained and measures taken to prevent its spread.

To aid physicians in the intelligent reporting of this disease, a brief discussion of its clinical characteristics is in order. The infection is, unfortunately, not a well-marked clinical entity, in which respect it resembles influenza. The latter is easily recognizable when it occurs epidemically, but who can say with certainty as to a given individual case whether it is influenza or not. So it is with septic sore throat; there is nothing distinctive in the clinical picture.

After an incubation period of two or three days the onset is sudden, frequently with a chill, prostration, and there is usually a moderate leukocytosis. Patients frequently complain of headache and aching of the limbs, so that influenza may be suspected. Localization in the throat occurs within a few hours and the extent of local disturbance ranges all the way from a simple injected pharynx to an extremely painful condition of the tonsils covered with a slimy grayish membrane suggesting diphtheria. A very common complication is adenitis of the cervical and submaxillary lymph glands. Indeed, outbreaks of the disease have been identified bacteriologically in which the throat symptoms were practically absent and fever and glandular enlargement were the only symptoms. Glandular fever or infectious mononucleosis may, therefore, be a confusing factor in diagnosis, particularly since there is an angular type that may resemble any sore throat such as diphtheria, scarlet fever, follicular tonsillitis or Vincent's angina. The differential diagnosis rests on the blood differential count and the bacteriological examination of throat cultures. The cultures cannot be made from ordinary swabs as sent in for diphtheria, but require the inoculation of special culture media at the bedside and the rapid transfer of cultures to the laboratory. In infectious mononucleosis there is an increase of large mononuclear cells in the blood, sometimes with an almost entire absence of small lymphocytes. It should be remembered that there may be at the outset of glandular fever an increase of the white count, with a polymorphonuclear leukocytosis, but with convalescence a leukopenia develops with a marked relative increase of the mononuclear cells. Another condition to be mentioned in connection with differential diagnosis is agranulocytic angina. In this disease, which is characterized by enlarged glands and a severe angina, there is usually a leukopenia and a complete disappearance of polymorphonuclear leukocytes, the predominating cell being small lymphocytes.

The complications and sequelae of septic sore throat are numerous and may include almost any of the clinical manifestations of streptococcal invasion, such as otitis media, abscesses, nephritis, erysipelas, and peritonitis.

Septic sore throat undoubtedly occurs, as does influenza, endemically, a patient at a time, from direct contact with other infected persons. It is only when the milk supply becomes infected that the epidemic form appears and the disease becomes easily recognizable. It follows therefore, that doctors are not expected to identify and report a sporadic case, which, indeed, is impossible, but the occurrence of a number of cases in their practice should be brought to the attention of the health officer and a card for each individual case sent in.

* Data prepared by W. H. Kellogg, M. D., Chief, Bacteriological Laboratory.

Prevention.—According to our present knowledge of the subject, the infection is of human origin, but inoculation of the udder of the cow is a prerequisite to the appearance of human cases in epidemic form. The cause of the disease is the *Streptococcus epidemicus*, which is found in the throats of human cases, in the milk of cows with garget found in herds connected with human outbreaks, and in the throats of human "carriers." Whether or not the disease spreads from cow to cow is not definitely known, but the evidence is against it so far. Whether or not all strains harbored by human carriers are virulent and capable of infecting cattle is likewise not known. A temperature of 60 degrees centigrade for twenty minutes kills the *Streptococcus epidemicus*; therefore efficiently pasteurized milk is safe, and if all milk were pasteurized there would be no problem. But all milk is not pasteurized nor is it, according to the belief of some, desirable that it should be. Therefore, measures must be invoked for the protection of persons using certified and other grades of raw milk. All persons suspected of carrying pathogenic streptococci should be excluded from contact with cows and barred from occupations having to do with the handling of raw milk for human consumption. Rigid inspection of the cows for evidence of garget should prevail and the dairymen should give attention to lesions and injuries of the teats, applying treatment to favor prompt healing. Experimentally, cows have been infected through slight abrasions of the teats.

It is to the interest of the dairy industry and the public that full coöperation be given health officers and physicians in the discovery of early cases of sore throat among the milk consumers, in the prompt exclusion of suspected individuals from dairy employment until proven harmless, and the prompt exclusion of the milk of a cow suspected of having anything wrong with the udder.

It cannot be authoritatively stated at the present time whether or not an intensive search for human carriers would justify the added burden that would be imposed on the laboratories. Technical difficulties stand in the way, one of which is the frequency of streptococci of some sort in throats generally, requiring expert laboratory service for their differentiation.

Perhaps the most valuable laboratory procedure for prevention of septic sore throat is the examination of milk from individual cows. Most public health laboratories are too poorly supported in the matter of a sufficient number of bacteriologists to undertake even the minimum amount of work that would be required to take care of the community they serve.

Finally, for the individual who is determined to protect himself from the possibility of infection, pasteurized milk is the only complete safeguard.

CALIFORNIA BOARD OF MEDICAL EXAMINERS

By CHARLES B. PINKHAM, M. D.
Director of the Board

News Items, June 1931

On April 18, 1931, Attorney-General Webb is reported to have rendered a decision based upon *Hayman vs. Galveston*, 273 U. S. 414, and *Newton vs. Board of Commissioners*, 282 Pac. 1068 (Colo.), wherein is held that all licensed physicians do not have a constitutional right to practice their profession in a hospital maintained by a state or political subdivision, it being further related that the court held that "it was not incumbent upon the state to maintain a hospital for the private practice of medicine," and that this decision is based on the ground that the "board controlling the particular hospital has complete supervision of such hospital and that regulations excluding from such hospital the devotees of some of the numerous systems or methods of treating diseases, authorized to practice the profession of medi-

cine, was neither unreasonable nor arbitrary." *This decision empowers authorities of public hospitals to elect those who will be afforded the opportunity of treating patients therein.*

According to reports, a new degree was discovered following the arrest in Santa Ana of Charles Kent, in whose possession was found a diploma conferring upon him the degree "Doctor of Eliminopathy," assertedly issued by Paul S. Dietrick, president of the Scientific Life Society of California, incorporated in this state March 13, 1931.

"A charge of performing an illegal operation was expected to be filed in Tulare County today against S. A. Barber, Porterville, following an investigation of the story of Miss Virginia Tarleton, twenty, of Mendota. . . . Doctor Barber is expected soon to start serving, in Visalia, an eight months' jail sentence, imposed after he was convicted recently on a charge of selling narcotics. . . . (Hanford *Sentinel*, May 1, 1931). A citation has been issued calling Schuyler A. Barber, M. D., before the Board of Medical Examiners at the July meeting to show why his license to practice in California should not be revoked, based upon his narcotic conviction.

"Matthus Blankenburg, Mecca 'Miracle Man,' was found guilty yesterday in the Mecca Justice Court of violation of the Medical Practice Act. . . . Blankenburg waived time and was sentenced to 180 days in the county prison camp and a fine of \$300. . . . Blankenburg was arrested on a charge of violation of the Medical Practice Act after he had assertedly treated an eighteen months old Mexican girl for pneumonia when she was suffering from some other ailment from which she died. Blankenburg was convicted on a similar charge about two years ago and served six months in the county prison camp" (*Riverside Enterprise*, April 30, 1931). (Previous entries, February and April, 1928.)

Charles S. Benson, Los Angeles licensed chiropractor, according to reports, on April 23 pleaded guilty to a violation of the Medical Practice Act and was sentenced to pay a fine of \$250 or serve twenty-five days in the city jail. Sentence suspended.

A recent investigation of the activities of the Chan & Kong Herb Company, San Luis Obispo, resulted in a plea of guilty filed by F. Chu on May 2, and he was sentenced to pay a fine of \$100 and given a thirty-day suspended jail sentence on condition that he no further violate the Medical Practice Act.

"Dr. E. (Fay) Cramer, Hawthorne physician, yesterday was given a suspended sentence of three years in the federal prison by Federal Judge Paul J. McCormick, following his conviction of violating the Harrison Narcotic Act. He paid a fine of \$250" (*Los Angeles Illustrated Daily News*, May 6, 1931).

"Berkeley police today made search for a young man who yesterday ordered nine fake diplomas in the name of Miss Adelaide Smith, principal of the Wellesley School for Boys at 2429 Channing Way. The young man gave his name as 'Terry Hale of 154 Tunnel Road,' when he ordered the diplomas from August Brandeis, Berkeley printer. The police learned that the address given by 'Terry Hale' was non-existent" (*San Francisco Call-Bulletin*, May 12, 1931). California's diploma mill law provides punishment for individuals using spurious diplomas under the Medical Practice Act.

On March 31, 1931, the Supreme Court of this state was reported to have affirmed the judgment of conviction of murder in the second degree imposed on George E. Darrow, M. D., by the Superior Court of Los Angeles. (Previous entries, September, October,